

**Section A**

**A1. Overall**, how happy would you say you are currently? Using a scale from 0 - 10 where “10” is “very happy” and “0” is “very unhappy”, how would you rate your current level of happiness? **(X ONE Box)**

**Very Happy** ←————→ **Very Unhappy**

10  09  08  07  06  05  04  03  02  01  00

**A2.** How true for you is each of the following statements? Answer for each on a scale from 1 to 5, where “1” means it is particularly true for you and “5” means “it doesn’t hold true at all for you.” **(X ONE Box For EACH)**

	<b>Particularly True For Me</b>	←————→		<b>Doesn't Hold True At All For Me</b>
My daily life is fulfilling.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/> 5 <input type="checkbox"/>
Even if I make plans, I end up procrastinating .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/> 5 <input type="checkbox"/>
If there is something that I want, I need to buy it .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/> 5 <input type="checkbox"/>
I always plan things before I actually do them .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/> 5 <input type="checkbox"/>
If I have work that can wait to be done tomorrow, I wait until tomorrow to do it .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/> 5 <input type="checkbox"/>
I have anxieties about my health .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/> 5 <input type="checkbox"/>
I have been feeling stressed lately.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/> 5 <input type="checkbox"/>
I have been feeling depressed lately .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/> 5 <input type="checkbox"/>
I haven't been sleeping well lately .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/> 5 <input type="checkbox"/>
Work is something to live for .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/> 5 <input type="checkbox"/>
Work is for making money.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/> 5 <input type="checkbox"/>
I enjoy competing with others.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/> 5 <input type="checkbox"/>

**A3.** Suppose that you are to receive money from someone. You can either choose to receive the money **today, or 7 days from today**, but the amounts will be different. Compare the amounts and dates below in Option “A” and Option “B”, and indicate which option you prefer for each of the nine choices.

Option “A”	or	Option “B”	→	Which ONE do you prefer? (X ONE Box For EACH Row)	
Receive today		Receive 7 days from today		Option “A”	Option “B”
¥3,005		¥3,014		1 <input type="checkbox"/>	2 <input type="checkbox"/>
¥3,003		¥3,297		1 <input type="checkbox"/>	2 <input type="checkbox"/>
¥3,008		¥3,037		1 <input type="checkbox"/>	2 <input type="checkbox"/>
¥3,000		¥3,000		1 <input type="checkbox"/>	2 <input type="checkbox"/>
¥3,005		¥5,951		1 <input type="checkbox"/>	2 <input type="checkbox"/>
¥3,009		¥3,068		1 <input type="checkbox"/>	2 <input type="checkbox"/>
¥3,001		¥3,119		1 <input type="checkbox"/>	2 <input type="checkbox"/>
¥3,002		¥2,996		1 <input type="checkbox"/>	2 <input type="checkbox"/>
¥3,008		¥3,011		1 <input type="checkbox"/>	2 <input type="checkbox"/>

**A4.** Now, suppose that you are to receive money from someone and you can choose either to receive the money **90 days from today, or 97 days from today**, but the amounts will be different. Compare the amounts and dates below in Option “A” and Option “B” and indicate which option you prefer for each of the nine choices.

Option “A”	or	Option “B”	→	Which ONE do you prefer? (X ONE Box For EACH Row)	
Receive 90 days from today		Receive 97 days from today		Option “A”	Option “B”
¥3,000		¥3,118		1 <input type="checkbox"/>	2 <input type="checkbox"/>
¥3,006		¥3,000		1 <input type="checkbox"/>	2 <input type="checkbox"/>
¥3,000		¥3,009		1 <input type="checkbox"/>	2 <input type="checkbox"/>
¥3,007		¥3,301		1 <input type="checkbox"/>	2 <input type="checkbox"/>
¥3,006		¥3,035		1 <input type="checkbox"/>	2 <input type="checkbox"/>
¥3,002		¥3,005		1 <input type="checkbox"/>	2 <input type="checkbox"/>
¥3,007		¥5,955		1 <input type="checkbox"/>	2 <input type="checkbox"/>
¥3,001		¥3,001		1 <input type="checkbox"/>	2 <input type="checkbox"/>
¥3,007		¥3,066		1 <input type="checkbox"/>	2 <input type="checkbox"/>

**A5.** Assume that you know there is a **50% chance of losing ¥100,000 on a given day**. You can take out insurance to cover this amount in case of loss. If an insurance policy is sold as listed below, would you purchase it? You may choose Option “A”, to purchase the insurance, or Option “B”, not to purchase the insurance. Please indicate which option you prefer for each of the nine insurance prices.

Price of the insurance	Which <u>ONE</u> do you prefer? (X ONE Box For EACH Row)	
	Option “A” (purchase the insurance)	Option “B” (NOT purchase the insurance)
¥1,000	1 <input type="checkbox"/>	2 <input type="checkbox"/>
¥5,000	1 <input type="checkbox"/>	2 <input type="checkbox"/>
¥10,000	1 <input type="checkbox"/>	2 <input type="checkbox"/>
¥15,000	1 <input type="checkbox"/>	2 <input type="checkbox"/>
¥20,000	1 <input type="checkbox"/>	2 <input type="checkbox"/>
¥30,000	1 <input type="checkbox"/>	2 <input type="checkbox"/>
¥40,000	1 <input type="checkbox"/>	2 <input type="checkbox"/>
¥45,000	1 <input type="checkbox"/>	2 <input type="checkbox"/>
¥50,000	1 <input type="checkbox"/>	2 <input type="checkbox"/>

**A6.** How high does the chance of rain have to be before you will bring an umbrella with you when you go out?  
(Write In Number From 0 - 100) \_\_\_\_\_ %

**A7.** Suppose that there is a “speed lottery” with a 50% chance of winning ¥100,000. If you win, you get the prize right away. If you lose, you get nothing. How much would you spend to buy a ticket for this lottery? Choose Option “A” if you would buy it at that price, and choose Option “B” if you would not buy the ticket at that price.  
(X ONE Box For EACH Row)

Price of the “speed lottery” ticket	Which <u>ONE</u> do you prefer? (X ONE Box For EACH Row)	
	Option “A” (buy the “speed lottery” ticket)	Option “B” (DO NOT buy the “speed lottery” ticket)
¥10	1 <input type="checkbox"/>	2 <input type="checkbox"/>
¥2,000	1 <input type="checkbox"/>	2 <input type="checkbox"/>
¥4,000	1 <input type="checkbox"/>	2 <input type="checkbox"/>
¥8,000	1 <input type="checkbox"/>	2 <input type="checkbox"/>
¥15,000	1 <input type="checkbox"/>	2 <input type="checkbox"/>
¥25,000	1 <input type="checkbox"/>	2 <input type="checkbox"/>
¥35,000	1 <input type="checkbox"/>	2 <input type="checkbox"/>
¥50,000	1 <input type="checkbox"/>	2 <input type="checkbox"/>

**Section B** - The following questions are about you and your family.

**B1.** Your gender: 1  Male 2  Female

**B2.** Please answer about your marital status. **(X ONE Box)**

- 1  I have a spouse (husband or wife, excluding spouses through common-law marriages) → **(Continue)**
- 2  I have a spouse through a common-law marriage → **(Continue)**
- 3  I am not currently married, having divorced or separated → **(Continue)**
- 4  I am an unattached widow or widower → **(Continue)**
- 5  I have never married → **(Skip to B2-2)**
- 6  I am currently separated in the process of divorce → **(Continue)**
- 7  I am not married but living with significant other → **(Skip to B2-2)**

**If you do not have a spouse currently, please write the answer only in the space provided for your answers.**

**B3.** When were you and your spouse born? **(Write In Number for Month and Year)**

You, **yourself**: Month \_\_\_\_\_ Year \_\_\_\_\_  
 Your **spouse**: Month \_\_\_\_\_ Year \_\_\_\_\_

**B4.** Please indicate **you and your spouse's** highest level of education (or equivalent) completed. *If he/she is still in school, "X" the one he/she is in now.* **(X ONE Box)**

	<u>You</u>	<u>Your spouse</u>
Graduated from elementary/ junior high school .....	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Some High School – no degree .....	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Graduated from High School .....	3 <input type="checkbox"/>	3 <input type="checkbox"/>
Some College (including Technical College) - no degree .....	4 <input type="checkbox"/>	4 <input type="checkbox"/>
Graduated from College (including Technical College) - Associate's Degree (2 year) .....	5 <input type="checkbox"/>	5 <input type="checkbox"/>
Some university (including old-education-system high school) – no degree .....	6 <input type="checkbox"/>	6 <input type="checkbox"/>
Graduated from University (including old-education-system high school) - Bachelor's Degree (4 year).....	7 <input type="checkbox"/>	7 <input type="checkbox"/>
Some post graduate studies - no degree .....	8 <input type="checkbox"/>	8 <input type="checkbox"/>
Graduated from graduate school - Master's Degree - MS, MA, MBA, etc. ....	9 <input type="checkbox"/>	9 <input type="checkbox"/>
Some doctoral studies – no degree .....	10 <input type="checkbox"/>	10 <input type="checkbox"/>
Graduated from graduate school - Doctoral Degree - DVM, Ph.D, DDS, etc. ....	11 <input type="checkbox"/>	11 <input type="checkbox"/>

**If you answered 6-11 for B4, please continue. Otherwise, skip to B54-2.**

**B4-1** In case you and your spouse (including common-law marriage) attended college, what is you and your spouse's major? **(X ONE Box)**

	<u>You</u>	<u>Your Spouse</u>
Law .....	.01 <input type="checkbox"/>	01 <input type="checkbox"/>
Economics .....	.02 <input type="checkbox"/>	02 <input type="checkbox"/>
Business/Management.....	.03 <input type="checkbox"/>	03 <input type="checkbox"/>
International Relations/ Sociology .....	.04 <input type="checkbox"/>	04 <input type="checkbox"/>
Humanities/Literature .....	.05 <input type="checkbox"/>	05 <input type="checkbox"/>
Education .....	.06 <input type="checkbox"/>	06 <input type="checkbox"/>
Medicine .....	.07 <input type="checkbox"/>	07 <input type="checkbox"/>
Dentistry .....	.08 <input type="checkbox"/>	08 <input type="checkbox"/>
Pharmacology .....	.09 <input type="checkbox"/>	09 <input type="checkbox"/>
Nursing .....	.10 <input type="checkbox"/>	10 <input type="checkbox"/>
Health .....	.11 <input type="checkbox"/>	11 <input type="checkbox"/>
Science.....	.12 <input type="checkbox"/>	12 <input type="checkbox"/>
Engineering .....	.13 <input type="checkbox"/>	13 <input type="checkbox"/>
Agriculture .....	.14 <input type="checkbox"/>	14 <input type="checkbox"/>
Home Economics .....	.15 <input type="checkbox"/>	15 <input type="checkbox"/>
Art.....	.16 <input type="checkbox"/>	16 <input type="checkbox"/>
Athletics .....	.17 <input type="checkbox"/>	17 <input type="checkbox"/>
Other .....	.18 <input type="checkbox"/>	18 <input type="checkbox"/>

**B5.** Please indicate the highest level of education (or equivalent) completed by **your and your spouse (including common-law marriage)’s parents. (X ONE Box For EACH)**

	<u>Your Father</u>	<u>Your Mother</u>
Graduated from elementary/ junior high school.....1	<input type="checkbox"/>	1 <input type="checkbox"/>
Some High School – no degree .....2	<input type="checkbox"/>	2 <input type="checkbox"/>
Graduated from High School .....3	<input type="checkbox"/>	3 <input type="checkbox"/>
Some College (including Technical College) - no degree.....4	<input type="checkbox"/>	4 <input type="checkbox"/>
Graduated from College (including Technical College) - Associate's Degree (2 year) .....5	<input type="checkbox"/>	5 <input type="checkbox"/>
Some university (including old-education-system high school) – no degree ....6	<input type="checkbox"/>	6 <input type="checkbox"/>
Graduated from University (including old-education-system high school) - Bachelor's Degree (4 year) .....7	<input type="checkbox"/>	7 <input type="checkbox"/>
Some post graduate studies - no degree .....8	<input type="checkbox"/>	8 <input type="checkbox"/>
Graduated from graduate school - Master's Degree - MS, MA, MBA, etc..... 9	<input type="checkbox"/>	9 <input type="checkbox"/>
Some doctoral studies – no degree .....10	<input type="checkbox"/>	10 <input type="checkbox"/>
Graduated from graduate school - Doctoral Degree - DVM, Ph.D, DDS, etc. ....11	<input type="checkbox"/>	11 <input type="checkbox"/>

	<u>Your Spouse's Father</u>	<u>Your Spouse's Mother</u>
Graduated from elementary/ junior high school.....1	<input type="checkbox"/>	1 <input type="checkbox"/>
Some High School – no degree .....2	<input type="checkbox"/>	2 <input type="checkbox"/>
Graduated from High School .....3	<input type="checkbox"/>	3 <input type="checkbox"/>
Some College (including Technical College) - no degree.....4	<input type="checkbox"/>	4 <input type="checkbox"/>
Graduated from College (including Technical College) - Associate's Degree (2 year) .....5	<input type="checkbox"/>	5 <input type="checkbox"/>
Some university (including old-education-system high school) – no degree ....6	<input type="checkbox"/>	6 <input type="checkbox"/>
Graduated from University (including old-education-system high school) - Bachelor's Degree (4 year) .....7	<input type="checkbox"/>	7 <input type="checkbox"/>
Some post graduate studies - no degree .....8	<input type="checkbox"/>	8 <input type="checkbox"/>
Graduated from graduate school - Master's Degree - MS, MA, MBA, etc..... 9	<input type="checkbox"/>	9 <input type="checkbox"/>
Some doctoral studies – no degree .....10	<input type="checkbox"/>	10 <input type="checkbox"/>
Graduated from graduate school - Doctoral Degree - DVM, Ph.D, DDS, etc. ....11	<input type="checkbox"/>	11 <input type="checkbox"/>

**B6.** When are your and your spouse (including common-law marriage)'s parents' birth years? **(Write The Year For EACH)**

**Your father** \_\_\_\_\_  
**Your mother** \_\_\_\_\_  
**Your spouse's father** \_\_\_\_\_  
**Your spouse's mother** \_\_\_\_\_

**B7.** Please write down the prefecture where you lived when you were in the third grade at junior high school. If you were born abroad, please write down the name of the country you were born. **(Write In)**

**Name of Prefecture** \_\_\_\_\_  
**Name of Country** \_\_\_\_\_

**B8.** About how many hours per week do you and your spouse usually work including overtime work? If you don't work outside the home, X "don't work". If your spouse doesn't work outside the home, X "doesn't work". **(Write In A Number For EACH Row)**

**You** → \_\_\_\_\_ hours per week  Don't work  
**Your spouse** → \_\_\_\_\_ hours per week  Doesn't work

**B9.** About how many days in a year do you and your spouse work? If you don't work outside the home, X "don't work". If your spouse doesn't work outside the home, X "doesn't work".

**(Write In Number For EACH Row)**

**You** → \_\_\_\_\_ days per year  Don't work  
**Your spouse** → \_\_\_\_\_ days per year  Doesn't work

**B10.** To what age do you and your spouse plan to work? If you are already retired, write in your age at the time of retirement. If you haven't worked outside the home, X "haven't worked". If your spouse hasn't worked outside the home, X "hasn't worked". **(Write In Number For EACH Row)**

**You** → \_\_\_\_\_ years old  Haven't worked  
**Your spouse** → \_\_\_\_\_ years old  Hasn't worked

**B11.** What is your occupation and what is your spouse's occupation (Including part-time work)?  
**(X ONE Box For EACH)**

	<u>Yourself</u>	<u>Your Spouse</u>
Office and administrative support .....	01 <input type="checkbox"/>	01 <input type="checkbox"/>
Sales and related occupations .....	02 <input type="checkbox"/>	02 <input type="checkbox"/>
Management, business, and financial operations.....	03 <input type="checkbox"/>	03 <input type="checkbox"/>
Professional and related occupations .....	04 <input type="checkbox"/>	04 <input type="checkbox"/>
Service occupations (healthcare support/protective service, or food preparation and serving-related, security guards, etc.) .....	05 <input type="checkbox"/>	05 <input type="checkbox"/>
Construction, extraction, and maintenance.....	06 <input type="checkbox"/>	06 <input type="checkbox"/>
Farming, fishing, and forestry.....	07 <input type="checkbox"/>	07 <input type="checkbox"/>
Housewives/Househusbands .....	08 <input type="checkbox"/>	08 <input type="checkbox"/>
Student .....	09 <input type="checkbox"/>	09 <input type="checkbox"/>
Retired (excluding housewives/househusbands) .....	10 <input type="checkbox"/>	10 <input type="checkbox"/>
Unemployed (excluding housewives/househusbands) .....	11 <input type="checkbox"/>	11 <input type="checkbox"/>
Other (Specify): _____ .....	12 <input type="checkbox"/>	12 <input type="checkbox"/>

***If you answered 1 to 7 for yourself and/or your spouse for B11, please continue. Otherwise, skip to B10***

**B11-1.** What is the type of employment of you and of your spouse? **(X ONE Box)**

	<u>Yourself</u>	<u>Your Spouse</u>
Employee of private company or organization.....	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Government employee.....	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Management position.....	3 <input type="checkbox"/>	3 <input type="checkbox"/>
Self-employed .....	4 <input type="checkbox"/>	4 <input type="checkbox"/>
Family employee (in self-employed business) .....	5 <input type="checkbox"/>	5 <input type="checkbox"/>

**B11-2.** What is your employment status, and what is your spouse's employment status? **(X ONE Box)**

	<u>Yourself</u>	<u>Your Spouse</u>
Full-time employee .....	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Part-time employee .....	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Student part-time employee .....	3 <input type="checkbox"/>	3 <input type="checkbox"/>
Temporary work (sent to a company from a temporary job agency, internship, specific project for a company, etc.).....	4 <input type="checkbox"/>	4 <input type="checkbox"/>
Contract worker .....	5 <input type="checkbox"/>	5 <input type="checkbox"/>
Other: .....	6 <input type="checkbox"/>	6 <input type="checkbox"/>

**B11-3.** For how many years have you been working for your present employer? And for how many years has your spouse been working for his or her present employer? **(X ONE Box)**

	<u>Yourself</u>	<u>Your Spouse</u>
Less than a year.....	1 <input type="checkbox"/>	1 <input type="checkbox"/>
A year to less than 5 years.....	2 <input type="checkbox"/>	2 <input type="checkbox"/>
5 years to less than 10 years .....	3 <input type="checkbox"/>	3 <input type="checkbox"/>
10 years to less than 20 years .....	4 <input type="checkbox"/>	4 <input type="checkbox"/>
20 years to less than 30 years .....	5 <input type="checkbox"/>	5 <input type="checkbox"/>
30 years to less than 40 years .....	6 <input type="checkbox"/>	6 <input type="checkbox"/>
More than 40 years .....	7 <input type="checkbox"/>	7 <input type="checkbox"/>

**B11-4.** Approximately how many employees are working for the company that employs you, and how many are working for the company that employs your spouse? Indicate the approximate numbers including the head office, all branch offices, branch stores, sales offices and factories. If the employer is a government organization, select "Government employee." **(X ONE Box)**

	<u>Yourself</u>	<u>Your Spouse</u>
1 to 5 people .....	1 <input type="checkbox"/>	1 <input type="checkbox"/>
6 to 29 people .....	2 <input type="checkbox"/>	2 <input type="checkbox"/>
30 to 99 people .....	3 <input type="checkbox"/>	3 <input type="checkbox"/>
100 to 299 people .....	4 <input type="checkbox"/>	4 <input type="checkbox"/>
300 to 499 people .....	5 <input type="checkbox"/>	5 <input type="checkbox"/>
500 to 999 people .....	6 <input type="checkbox"/>	6 <input type="checkbox"/>
1,000 to 4,999 people .....	7 <input type="checkbox"/>	7 <input type="checkbox"/>
5,000 or more people .....	8 <input type="checkbox"/>	8 <input type="checkbox"/>
Government employee.....	9 <input type="checkbox"/>	9 <input type="checkbox"/>

**B11-5.** Which one of the following best describes the industry in which you work, and which one best describes the industry in which your spouse works? **(X ONE Box)**

	<u>Yourself</u>	<u>Your Spouse</u>
Agriculture and related industries .....	.01 <input type="checkbox"/>	01 <input type="checkbox"/>
Mining .....	.02 <input type="checkbox"/>	02 <input type="checkbox"/>
Construction .....	.03 <input type="checkbox"/>	03 <input type="checkbox"/>
Manufacturing .....	.04 <input type="checkbox"/>	04 <input type="checkbox"/>
Wholesale trade/Retail trade .....	.05 <input type="checkbox"/>	05 <input type="checkbox"/>
Finance and insurance .....	.06 <input type="checkbox"/>	06 <input type="checkbox"/>
Real estate .....	.07 <input type="checkbox"/>	07 <input type="checkbox"/>
Transportation/Telecommunications .....	.08 <input type="checkbox"/>	08 <input type="checkbox"/>
Utilities .....	.09 <input type="checkbox"/>	09 <input type="checkbox"/>
Services .....	.10 <input type="checkbox"/>	10 <input type="checkbox"/>
Education .....	.11 <input type="checkbox"/>	11 <input type="checkbox"/>
Others .....	.12 <input type="checkbox"/>	12 <input type="checkbox"/>

**B11-6.** Please select one statement that applies to your own and your spouse's home teleworking situation last January (2020) and now, and enter the applicable number. **(X ONE Box)**

	<u>Yourself (now)</u>	<u>Your Spouse (now)</u>
I'm almost always commuting to the workplace .....	1 <input type="checkbox"/>	1 <input type="checkbox"/>
I'm doing home teleworking 1 or 2 times a week .....	2 <input type="checkbox"/>	2 <input type="checkbox"/>
I'm doing home teleworking 3 or more times a week .....	3 <input type="checkbox"/>	3 <input type="checkbox"/>
I'm not currently working .....	4 <input type="checkbox"/>	4 <input type="checkbox"/>

  

	<u>Yourself (in Jan. 2021)</u>	<u>Your Spouse (in Jan. 2021)</u>
I almost always commuted to the workplace. ....	1 <input type="checkbox"/>	1 <input type="checkbox"/>
I did home teleworking 1 or 2 times a week .....	2 <input type="checkbox"/>	2 <input type="checkbox"/>
I did home teleworking 3 or more times a week .....	3 <input type="checkbox"/>	3 <input type="checkbox"/>
I wasn't working last January .....	4 <input type="checkbox"/>	4 <input type="checkbox"/>

**All respondents should answer the following question**

**B12.** Approximately how much was your salary or hourly wage in 2021 (including business income if you are self-employed), and approximately how much was your spouse's salary or hourly wage? **(Write In)**

**You:** Salary per month ¥ \_\_\_\_\_ **or** Wage per hour ¥ \_\_\_\_\_  
**Your spouse:** Salary per month ¥ \_\_\_\_\_ **or** Wage per hour ¥ \_\_\_\_\_

**B13.** Approximately how much was the annual earned income of you and your spouse before taxes, including bonuses and business income in 2021? **(X ONE Box)**

	<u>Yourself</u>	<u>Your Spouse</u>
None .....	.01 <input type="checkbox"/>	01 <input type="checkbox"/>
Less than ¥1,000,000 .....	.02 <input type="checkbox"/>	02 <input type="checkbox"/>
¥1,000,000 to less than ¥2,000,000 .....	.03 <input type="checkbox"/>	03 <input type="checkbox"/>
¥2,000,000 to less than ¥4,000,000 .....	.04 <input type="checkbox"/>	04 <input type="checkbox"/>
¥4,000,000 to less than ¥6,000,000 .....	.05 <input type="checkbox"/>	05 <input type="checkbox"/>
¥6,000,000 to less than ¥8,000,000 .....	.06 <input type="checkbox"/>	06 <input type="checkbox"/>
¥8,000,000 to less than ¥10,000,000 .....	.07 <input type="checkbox"/>	07 <input type="checkbox"/>
¥10,000,000 to less than ¥12,000,000 .....	.08 <input type="checkbox"/>	08 <input type="checkbox"/>
¥12,000,000 to less than ¥14,000,000 .....	.09 <input type="checkbox"/>	09 <input type="checkbox"/>
¥14,000,000 or more .....	.10 <input type="checkbox"/>	10 <input type="checkbox"/>

**B14.** Are you or your spouse currently seeking jobs? *(Please answer regardless of whether you presently have a job.)* **(X ONE Box For EACH Row).** If you and your spouse are seeking jobs, please indicate the duration of your search. **If it is more than one month, please write in a specific duration**

**You**            1  Seeking a job → 1. Less than a month 2. More than a month (\_\_\_year/s \_\_\_month/s)  
                      2  Not seeking a job

**Your spouse**    1  Seeking a job → 1. Less than a month 2. More than a month (\_\_\_year/s \_\_\_month/s)  
                      2  Not seeking a job

**B15.** How long does it take for you, and for your spouse, to commute? If you or your spouse do/does not work, please indicate 0 **(Write In Number).**

**You:**                    \_\_\_hours \_\_\_minutes  
**Your spouse:**        \_\_\_hours \_\_\_minutes

**B16.** How much time do you and your spouse spend doing housework everyday? Please answer an average amount of time per day for weekdays and weekends. **(Write In)**

**You:**            **week days:** \_\_\_hours \_\_\_minutes;    **week ends:** \_\_\_hours \_\_\_minutes  
**Your spouse:** **week days:** \_\_\_hours \_\_\_minutes;    **week ends:** \_\_\_hours \_\_\_minutes

**B17.** Which of the following best describes your current household? **(X ONE Box)**

- 1  Single
- 2  You and your parent(s)
- 3  You and your spouse
- 4  You, your spouse and your children
- 5  You and your children (no spouse)
- 6  You, your spouse, and your (or your spouse's) parent(s)
- 7  You, your spouse, your children and your (or your spouse's) parent(s)
- 8  You, your spouse, your children and your (or your spouse's) parent(s)/sibling(s)
- 9  You and your friend(s)
- 10  Others (Specify): \_\_\_\_\_

**B18.** How many people are currently living in your household including yourself? **(Write In)**  
# of people: \_\_\_\_\_

**B19.** How many sons and daughters do you have? If you do not have any children, please indicate 0 in the following boxes. **(Write In Number)**

Son  child/ren      Daughter  child/ren

**B20.** How much did you spend on durable consumer goods such as housing, cars, and expensive electric products for your entire family in 2021? **(Write In)**

Approximate expense in 2021 for entire family ¥ \_\_\_\_\_

**B21.** Did your household purchase a house (or condo) in 2021? **(X ONE Box)**

- 1  Yes      2  No

**B22.** How much were the average food expenses of your entire family per month in 2021? **(Write In For EACH Row)**

Approximate food expenses (excluding expenses of eating out). ¥ \_\_\_\_\_ per month  
Approximate expenses of eating out..... ¥ \_\_\_\_\_ per month

**B23.** How much were the average expenditures of your entire family **per month** in 2021? Exclude durable consumer goods purchased such as housing, cars, expensive electronic products, taxes, insurance premiums, and mortgage interest. Include costs of public utilities and energy bills. **(Write In)**

Approximate **monthly** expense in 2021 for entire family: ¥ \_\_\_\_\_ **per month**

**B24.** In 2022, what will be the approximate percentage change in your family's total annual expenditures compared with 2021? Select the most appropriate response from the following list. **(X ONE Box)**

Increase by at least 9%	Increase by at least 7% but less than 9%	Increase by at least 5% but less than 7%	Increase by at least 3% but less than 5%	Increase by at least 1% but less than 3%	Change by less than 1% in either direction	Decrease by at least 1% but less than 3%	Decrease by at least 3% but less than 5%	Decrease by at least 5% but less than 7%	Decrease by at least 7% but less than 9%	Decrease by at least 9%
10 <input type="checkbox"/>	09 <input type="checkbox"/>	08 <input type="checkbox"/>	07 <input type="checkbox"/>	06 <input type="checkbox"/>	05 <input type="checkbox"/>	04 <input type="checkbox"/>	03 <input type="checkbox"/>	02 <input type="checkbox"/>	01 <input type="checkbox"/>	00 <input type="checkbox"/>

**B25.** By what percentage do you expect consumer prices will change in 2022, compared with the previous year? **(X ONE Box)**

Increase by at least 4.5%	Increase by at least 3.5% but less than 4.5%	Increase by at least 2.5% but less than 3.5%	Increase by at least 1.5% but less than 2.5%	Increase by at least 0.5% but less than 1.5%	Change by less than 0.5% in either direction	Decrease by at least 0.5% but less than 1.5%	Decrease by at least 1.5% but less than 2.5%	Decrease by at least 2.5% but less than 3.5%	Decrease by at least 3.5% but less than 4.5%	Decrease by at least 4.5%
10 <input type="checkbox"/>	09 <input type="checkbox"/>	08 <input type="checkbox"/>	07 <input type="checkbox"/>	06 <input type="checkbox"/>	05 <input type="checkbox"/>	04 <input type="checkbox"/>	03 <input type="checkbox"/>	02 <input type="checkbox"/>	01 <input type="checkbox"/>	00 <input type="checkbox"/>

**B26.** When predicting the inflation rate in B25, to what extent did you take the following information (that you received through the news or in your daily life) into consideration? Please answer on a scale of 1 to 4, where "1" means you did not consider that factor at all (it is not important to you), and "4" means you took that factor into careful consideration (it is important to you). **(X ONE Box for EACH Row)**

When predicting the inflation rate for 2022 (the whole year)

	<u>Not important</u>	<u>Not that important</u>	<u>Slightly important</u>	<u>Important</u>
Bank of Japan and the government's policies until now.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Prospects of Bank of Japan and the government's future policies.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Trends in consumer prices until now.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Future trends in consumer prices.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
Changes in the wage level until now.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**B27.** Approximately how much was the annual earned income before taxes and with bonuses included of your entire household for 2021? (If you are a student, please indicate the income of your parents' entire household.)  
(X ONE Box)

- |  |  |
|--|--|
| 01 <input type="checkbox"/> Less than ¥1,000,000                 | 02 <input type="checkbox"/> ¥1,000,000 to less than ¥2,000,000   |
| 03 <input type="checkbox"/> ¥2,000,000 to less than ¥4,000,000   | 04 <input type="checkbox"/> ¥4,000,000 to less than ¥6,000,000   |
| 05 <input type="checkbox"/> ¥6,000,000 to less than ¥8,000,000   | 06 <input type="checkbox"/> ¥8,000,000 to less than ¥10,000,000  |
| 07 <input type="checkbox"/> ¥10,000,000 to less than ¥12,000,000 | 08 <input type="checkbox"/> ¥12,000,000 to less than ¥14,000,000 |
| 09 <input type="checkbox"/> ¥14,000,000 to less than ¥16,000,000 | 10 <input type="checkbox"/> ¥16,000,000 to less than ¥18,000,000 |
| 11 <input type="checkbox"/> ¥18,000,000 to less than ¥20,000,000 | 12 <input type="checkbox"/> More than ¥20,000,000                |

**B28.** What is the nature of your residence? (X ONE Box)

- |  |  |
|--|--|
| 1 <input type="checkbox"/> Your own house (a single-family house)                    | 5 <input type="checkbox"/> Government-owned housing        |
| 2 <input type="checkbox"/> Your own condominium                                      | 6 <input type="checkbox"/> Lodgings (Hotels, Motels, etc.) |
| 3 <input type="checkbox"/> Private rented house (a single house or an apartment)     | 7 <input type="checkbox"/> Dormitory, Group Quarters, etc. |
| 4 <input type="checkbox"/> Supplied house (a company house or an official residence) | 8 <input type="checkbox"/> Others                          |

**B29.** Approximately how much is the present appraised value of all housing and property owned by your entire household? (If you are a student, please answer about the housing and property owned by your parents' entire household.) (X ONE Box)

- |  |   |
|--|---|
| 01 <input type="checkbox"/> Do not possess housing or properties | 06 <input type="checkbox"/> ¥20,000,000 to less than ¥30,000,000  |
| 02 <input type="checkbox"/> Less than ¥5,000,000                 | 07 <input type="checkbox"/> ¥30,000,000 to less than ¥40,000,000  |
| 03 <input type="checkbox"/> ¥5,000,000 to less than ¥10,000,000  | 08 <input type="checkbox"/> ¥40,000,000 to less than ¥50,000,000  |
| 04 <input type="checkbox"/> ¥10,000,000 to less than ¥15,000,000 | 09 <input type="checkbox"/> ¥50,000,000 to less than ¥100,000,000 |
| 05 <input type="checkbox"/> ¥15,000,000 to less than ¥20,000,000 | 10 <input type="checkbox"/> ¥100,000,000 or more                  |

**B30.** Approximately how much is the balance of financial assets (savings, stocks, bonds, insurance, etc.) of your entire household? (If you are a student, please indicate the balance of financial assets of your parents' entire household.) (X ONE Box)

- |  |   |
|--|---|
| 01 <input type="checkbox"/> Less than ¥2,500,000                 | 06 <input type="checkbox"/> ¥15,000,000 to less than ¥20,000,000  |
| 02 <input type="checkbox"/> ¥2,500,000 to less than ¥5,000,000   | 07 <input type="checkbox"/> ¥20,000,000 to less than ¥30,000,000  |
| 03 <input type="checkbox"/> ¥5,000,000 to less than ¥7,500,000   | 08 <input type="checkbox"/> ¥30,000,000 to less than ¥50,000,000  |
| 04 <input type="checkbox"/> ¥7,500,000 to less than ¥10,000,000  | 09 <input type="checkbox"/> ¥50,000,000 to less than ¥100,000,000 |
| 05 <input type="checkbox"/> ¥10,000,000 to less than ¥15,000,000 | 10 <input type="checkbox"/> ¥100,000,000 or more                  |

**B31.** Please indicate which of the following financial assets you own. (X ALL That Apply)

- |  |              |
|--|--------------|
| 01 <input type="checkbox"/> Bank savings (including cooperative banks, credit unions and other associations) | } (Continue) |
| 02 <input type="checkbox"/> Corporate bonds  |              |
| 03 <input type="checkbox"/> Life insurance   |              |
| 04 <input type="checkbox"/> Stocks   |              |
| 05 <input type="checkbox"/> Investment Trusts  |              |
| 06 <input type="checkbox"/> Foreign currency deposits  |              |
| 07 <input type="checkbox"/> Futures / Options  |              |
| 08 <input type="checkbox"/> Japan. Government bonds  |              |
| 09 <input type="checkbox"/> Government bonds of foreign countries  |              |
| 10 <input type="checkbox"/> Private individual pensions (from life insurance companies, etc.)                |              |
| 11 <input type="checkbox"/> Company pensions   |              |
| 12 <input type="checkbox"/> Cash   |              |
| 13 <input type="checkbox"/> None → (Skip to B35)   |              |

**B31-1.** What percentage of the financial assets of your entire household are in the following?  
(Write In % For Group B only)

**Group A:** Bank savings, Postal savings, cash, Japanese government bonds

**Group B:** Investment trusts, stocks, futures/options, corporate bonds, foreign currency deposits, government bonds of foreign countries \_\_\_\_\_%



**B32.** If you were to win a large amount of money in a lottery, how much would you set as your annual household consumption amount? Please answer hypothetically in units of 10,000 yen upon reading the following questions

[1] First, how much was your household's annual consumption amount (including living expenses, leisure expenses, medical expenses, education expenses and all other expenditures) in 2021? Please enter, aligning to the right, in the B-0 space at the bottom left of the following table.

[2] Let's assume that you win the lottery. In that case, how much do you think your expenditure would be? Please answer assuming that you win 20 million yen, 100 million yen, and 200 million yen respectively.

A. How much special expenditure, which you would otherwise not spend, would you have in this case? Please enter the respective amounts, aligning to the right, from A1 to A3. Enter 0 if you would put the entire amount into savings.

B. How much is your regular annual consumption amount (including living expenses, leisure expenses, medical expenses, education expenses and all other expenditures) in daily life? Please enter the respective amounts, aligning to the right, from B1 to B3.

	Now	Winning 20 million yen in the lottery	Winning 100 million yen in the lottery	Winning 200 million yen in the lottery
Special expenditure	-	A-1. Forecast special expenditure _____ ten thousand yen	A-2. Forecast special expenditure _____ ten thousand yen	A-3. Forecast special expenditure _____ ten thousand yen
Regular annual consumption amount	B-0. Last year's annual consumption amount _____ ten thousand yen	B-1. Forecast annual consumption amount _____ ten thousand yen	B-2. Forecast annual consumption amount _____ ten thousand yen	B-3. Forecast annual consumption amount _____ ten thousand yen

**B33.** Do you currently have any debts? Debts here include housing loans, car loans and any other installment payments on which you have to pay interest charges. **(X ONE Box)**

- 1  No debts → **(Skip to B38)**
- 2  Yes, have debts

**B33-1.** If you are paying off housing loan(s), what is the current balance of your housing loan(s)? **(X ONE Box)**

- 1  Less than ¥2,500,000
- 2  ¥2,500,000 to less than ¥5,000,000
- 3  ¥5,000,000 to less than ¥7,500,000
- 4  ¥7,500,000 to less than ¥10,000,000
- 5  ¥10,000,000 to less than ¥15,000,000
- 6  ¥15,000,000 to less than ¥20,000,000
- 7  ¥20,000,000 to less than ¥30,000,000
- 8  ¥30,000,000 or more
- 9  No housing loans

**B33-2.** Do you have any debts other than housing loan(s), including car loans and any other installment payments on which you have to pay interest charges? **(X ONE Box)**

- 1  No loans other than housing loans → **(Skip to B38)**
- 2  Less than ¥500,000
- 3  ¥500,000 to less than ¥1,000,000
- 4  ¥1,000,000 to less than ¥2,000,000
- 5  ¥2,000,000 to less than ¥3,000,000
- 6  ¥3,000,000 to less than ¥5,000,000
- 7  ¥5,000,000 to less than ¥7,500,000
- 8  ¥7,500,000 to less than ¥10,000,000
- 9  ¥10,000,000 or more

**All respondents should answer the following question**

**B34.** Do you use credit cards? If you do, how do you use them? **(X ALL That Apply)**

- 1  For payments in full
- 2  For payments in installments with no interest
- 3  For payments in installments with interest charges
- 4  For revolving payments
- 5  I have a credit card or cards but do not use it or them
- 6  I do not have a credit card

**B35.** Have you ever been rejected for a loan application (*excluding housing loans*)? **(X ALL That Apply)**

- 1  Yes
- 2  No, but I did not get approved for the full amount for which I applied, only for a reduced amount
- 3  Did not apply because I did not think I would be approved
- 4  No, I have always been able to borrow the amount I applied for
- 5  I have never attempted to borrow money

**B36.** How would you describe your **current** health status: Is it excellent, very good, good, fair, or poor? **(X ONE Box)**

- 1  Excellent
- 2  Very good
- 3  Good
- 4  Fair
- 5  Poor

**B37.** Do you smoke? **(X ONE Box)**

- 01  Never smoked → **Skip to B49**
- 02  Hardly smoke
- 03  Occasionally smoke
- 04  I smoke about 1 to 5 cigarettes a day
- 05  I smoke about 6 to 10 cigarettes a day
- 06  I smoke about 11 to 20 cigarettes a day
- 07  I smoke about 21 to 30 cigarettes a day
- 08  I smoke about 31 to 40 cigarettes a day
- 09  I smoke 41 cigarettes or more a day
- 10  I used to smoke, but I quit

**B37-1.** Would you like to quit smoking? **(X ONE Box)**

- 1  Yes, I want to quit smoking
- 2  I want to reduce the amount of cigarettes I smoke
- 3  No, I don't want to quit smoking
- 4  I don't know
- 5  I don't smoke

**B38.** Do you exercise? **(X ONE Box)**

- 1  Almost everyday
- 2  A few times a week
- 3  About once a week
- 4  About once a month
- 5  Don't exercise at all

**B39.** Do you drink alcoholic beverages? **(X ONE Box)**

- 1  Don't drink at all
- 2  Hardly drink (a few times a month or less)
- 3  Drink sometimes (a few times a week)
- 4  A can of beer (350ml) or its equivalent a day, almost everyday
- 5  3 cans of beer (350ml x 3) or its equivalent a day, almost everyday
- 6  5 cans of beer (350ml x 5) or its equivalent a day, almost everyday

**B40.** Do you gamble in lotteries or at casinos or bet on sporting events or horse races? **(X ONE Box)**

- 1  Don't gamble at all
- 2  I used to gamble, but I quit
- 3  Hardly gamble
- 4  Several times a year or so
- 5  Once a month or so
- 6  Once a week or so
- 7  Almost everyday

**All respondents should answer the following question.**

**C1.** Do you have the following information devices? **(X ALL That Apply)**

- 1  Computer for your own exclusive use
- 2  Computer shared with family
- 3  Tablet for your own exclusive use
- 4  Tablet shared with family
- 5  Smartphone
- 6  Mobile phone other than a smartphone

**C2.** On what date did you complete this survey?

Day: \_\_\_\_\_ Month: \_\_\_\_\_(in 2022)

***If you got married within the last one year, please answer the following questions.  
For Otherwise, this is the end of the questionnaire. Thank you for your help with this study.***

**Thank you for your help with this study.**